# EXHIBIT 21

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Lockwood, M.D., John M. - 30(b)(6)
Atlanta, GA
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April 23, 2009

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UNITED STATES DISTRICT COURT
         FOR THE DISTRICT OF MASSACHUSETTS
IN RE: PHARMACEUTICAL )
INDUSTRY AVERAGE WHOLESALE ) MDL NO. 1456
PRICE LITIGATION
                         ) CIVIL ACTION:
THIS DOCUMENT RELATES TO ) 01-CV-12257-PBS
U.S. ex rel. Ven-A-Care of ) Judge Patti B. Saris
the Florida Keys, Inc. v. )
Abbott Laboratories Inc., ) Chief Magistrate Judge
No. 07-CV-11618-PBS ) Marianne B. Bowler
         VIDEOTAPED 30(b)(6) DEPOSITION OF
               JOHN M. LOCKWOOD, M.D.
                      Volume I
    (Taken by Defendant Abbott Laboratories Inc.)
                   April 23, 2009
                     9:27 a.m.
                     Suite 800
            1420 Peachtree Street, N.E.
                  Atlanta, Georgia
Reported by: F. Renee Finkley, RPR, CRR, CLR,
CCR-B-2289
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Lockwood, M.D., John M. - 30(b)(6) Atlanta, GA April 23, 2009

Page 10

MR. BREEN: I'm going to just deposit a technical objection. To the extent that this requires that the witness reveal communications with counsel that are subject to the attorney/client privilege, I would instruct him not to answer, but to let us know if he feels there's an area he cannot respond completely on because of that.

Aside from that, I think he can give you an answer to the question, cause it's a practical answer as opposed to a lot of legalisms that went into it.

THE WITNESS: I think we decided that I might be most knowledgeable on the Ery topic.

- Q. (By Mr. Berlin) And why is that? Why would you be more knowledgeable than Mr. Jones or Mr. Cobo or Mr. Bentley about these issues?
- 18 A. Because I spent a lot of time working and developing the concepts and ideas that went into the 19 20 Ery case.
  - Q. How did it come to be that you were the one who spent the time working and developing on the

Page 12

- 1 the -- and I'm going to get to the complaint in more 2 detail later, but just as a preliminary issue, when 3 we refer to Ery or the Erythromycins at issue in the case, those are the NDCs that are listed in paragraph 4
  - 33; is that correct? A. Yes.
  - Q. And going back to your previous answer about why you're testifying here today, you said that you took on the job of spending time to work and develop the concepts for this case. When did you first embark upon that task?
  - A. I would say in particular, just to these drugs and this complaint, sometime in 2000.
- 14 Q. And we'll get to this in much greater detail later, but what led you to look at these 15 particular drugs, the drugs listed in -- at least 16 17 some of the drugs listed in paragraph 33 in 2000?
- 18 A. I was looking at some of our pricing data and I noticed a couple of things about these drugs. 19 20 These were Abbot Pharmaceutical Products Division 21 drugs, PPD drugs. It was known to me that Abbott PPD 22 was primarily a brand company. I knew some of these

Page 11

concepts for the Ery case?

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- 2 A. I think I just took it on as a project for 3 myself.
  - Q. And let's just be clear about one thing. You and I during the course of this deposition will sometimes refer to the Erythromycin drugs as Ery, and that's clear, right?
    - A. That would be fine, yes.
- 9 Q. When did you --
- A. Well, to the extent we're talking about 10 the oral Erythromycins for this case. 11
- Q. Yes. Yes. That's correct. And again, 12 that -- this case -- might as well, while we're on 13 the subject, mark the -- I'm going to mark a copy of 14 the complaint and its exhibits as Exhibit 2 for this 15 16 deposition.

17 (Exhibit Lockwood Ery 002 was 18 marked for identification.)

- Q. (By Mr. Berlin) Here you go, 19
- Dr. Lockwood. What I've handed you is Exhibit 2, 20
- which is a copy of the complaint in this case and the 21
- exhibits to the complaint. Just so we're clear about

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- 1 drugs are brands and I noticed discrepancies between
- 2 the prices that we could buy these drugs from the 3 wholesalers and the reported WAC prices; and I
- noticed that there was generally a relationship, a 4
- 5 very consistent relationship between the normal
- 6
- Abbott brand drugs at Pharmaceutical Products 7
  - Division, they're more typical brands, I guess.

There was a very solid repeatable

- 9 relationship between the wholesale -- the -- I guess
- I need to say this properly, the wholesale catalog or 10
- 11 list price, whatever, the wholesaler's catalog price
- 12 and the average wholesale price and the catalog
- wholesaler's price and the reported WAC. 13
- 14 And for these particular drugs I found
- 15 those relationships were not the same as the other
- brand drugs at PPD. And it stuck out -- it stuck out 16
- to me when looking at that. And I spent more time 17
- 18 looking and understanding why that was the case and
- 19
- what was causing it and understanding that because I
- 20 quite simply thought that there was perhaps a
- fraudulent misrepresentations in prices for these 21
- 22 drugs.

4 (Pages 10 to 13)

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Lockwood, M.D., John M. - 30(b)(6) Atlanta, GA April 23, 2009

Page 18

different way. Are there drugs listed, NDCs listed in paragraph 33 that did not have generic competition at some point during the complaint period?

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A. Let me look at the complaint period, but I -- I believe the answer to that is yes, that there are some without generic competition during the complaint period. This is such a hyper-technical thing. It would take me some time to look at that for each NDC number. I'd probably have to go through a Redbook and a few other things to really be a hundred percent sure.

But there are a number of these that at least at -- and I believe through the entire complaint period, but certainly during the complaint period had no competition for that particular drug form. Yeah, for that drug form. Yeah.

MR. BREEN: Eric, this is a good example of what I was saying earlier. If this is a topic -- there's a general question about if there were any -- if there were any that didn't have generic competition of the Erys during the complaint period that you feel is in one of your

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MR. BREEN: Got you. Okay. I just want to let you know if -- you know, zig or zag on those, however you think is appropriate, but when you get to one of them and he doesn't have a present recollection that's sufficient to respond, let me know and I will -- we will endeavor to try to remedy that is all I'm saying.

MR. BERLIN: I appreciate that. Thank

- Q. (By Mr. Berlin) Why were you looking at 11 12 this issue in 2000?
- 13 A. Well, we were looking -- and we started 14 looking at this earlier than 2000 -- at oral drugs where we felt that there were issues with the 15 16 reported WACs and in particular where, had the WAC 17 prices been reported what we felt would be accurately, that there in fact would have been a 18 change in the federal upper limit for those drugs, if 19 20 they were on a federal upper limit, and -- and also 21 looking at what effect that may or may not have had

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designated areas for Dr. Lockwood as a Ven-A-Care 30(b)(6) to take a position on as opposed to find out factually, let me know.

We'll take some time during the break or tonight, go through the complaint and try to figure it out, or it may be an area that really isn't appropriate to try to get a position out of Ven-A-Care on if it's just a factual issue. So let me know if it's one of those, one of those areas.

MR. BERLIN: I think the answer to your question, Jim, is that I'm not asking Dr. Lockwood to solve that. What I'm asking is what is Ven-A-Care's knowledge of that.

MR. BREEN: Okay. So --MR. BERLIN: I'm not asking him -- it may be that his answer is we don't have knowledge as -- you know, NDC by NDC, and what you'd have to do is go and solve it in the way that he described. And I'm not asking him to solve it. I'm asking what is Ven-A-Care's knowledge of

Page 21

looked in detail at that FUL issue or started to look 2 in detail at that FUL issue and I happened to look at 3 the Abbott drugs just as part of the process.

on the reported AWP for those drugs. And we had

- Q. What led you to look at the Abbott drugs at that point in 2000 as opposed to sometime in 1999 or 1998?
- A. Well, this isn't the only thing I was doing at Ven-A-Care. We had a wide variety of projects going on. I certainly had a wide variety of projects going on at any one time and it was just a matter of, I guess, what we had time to look at in terms of investigating and looking at these issues. 12 And I looked at -- happen to look at Abbott in more detail in 2000, and in many ways, this complaint describes what I found.
  - Q. Was that something that was on -- really what I'm trying to determine, is it something that was on sort of an agenda or task list that you had saying I want to look at the Abbott drugs and you were just busy or was it just that day you thought I ought to look at the Abbott drugs on this? A. I don't think that we were ever that

6 (Pages 18 to 21)

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Lockwood, M.D., John M. - 30(b)(6) Atlanta, GA April 23, 2009

Page 24

Page 22

- organized that we had a specific task list about what 2 to do, but we started looking at some oral drugs
- 3 and -- and in particular looking at the FUL issue.
- And that ultimately led to me looking at -- so, I

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- mean, I looked at lots of other manufacturers too. 6 It's not like I only looked at Abbott. But I looked
- 7 at these drugs and looked at PPD and found what I
- 8 thought were discrepancies and problems with these 9 drugs in terms of their price reporting.
  - Q. When you sat down to look at this issue, describe how you went about doing that, I mean sort of the mechanics of and the documents that you used to try to evaluate the issue.
  - A. Well, we had a number of things available, meaning we had a number of different price lists available, and we had McKesson catalogs that went back I think to 1992, which contained prices on these drugs or many of these drugs. We had some Bergen Brunswig printouts that contained prices on these drugs.
- And during 2000 we had been essentially 21 22 shifted by McKesson from the catalogs into an

more by creating new columns where I would, for

- 2 instance on an investigative level, divide the
- 3 average wholesale price by the regular cost, the
- 4 catalog price. That would give me a ratio. And then 5 I could --
- 6 Q. I'm sorry. Which number was the numerator 7 and denominator?
- A. The AWP that was in that program divided by the noncontract catalog price, regular cost column, what -- there were a number of different names for this column, and that gave me a ratio; 12 essentially divide the AWP by the regular cost 13 column.

14 That showed me that for the bulk of the 15 Abbott PPD drugs, that that ratio was 1.25, as I 16 recall. Now, this is a -- kind of an interesting math issue, but in -- as I recall -- and I'd probably 17 18 have to sit down, do the math again. But I think if 19 you add 20 percent to the WAC price -- First Data 20 Bank was doing that to arrive at an AWP, but the reverse of that gives you a 1.25 ratio. It's a 21 22 little bit -- it's a math glitch.

Page 23

electronic version of their catalog called Econolink that was on a computer, so that I basically did a

- 2 3 printout or looked at the Abbott drugs listed in
- Econolink, because I guess it was user-friendly or it
- 5 was computerized, whatever, and really looked at and
- 6 saw and noticed the discrepancies between the
- 7 so-called regular costs at McKesson, which is their
- catalog price, list price, noncontract price, variety
- 9
  - of different names for it, and the AWPs.

And during 2000 I was able to -- I did a number of things. I was able to print that Econolink database to a file, a text file. And during 2000 and perhaps a little bit earlier, but mainly during 2000, one of my other projects was to learn and teach myself how to use Microsoft Access, which is a software program that allows you to manipulate databases.

So one of the things I was able to do was to import the text file from this electronic catalog into Microsoft Access, including all the pricing data, times, dates, the whole thing as a text file.

And then I was able to essentially investigate this

Page 25

But suffice it to say that for all the PPD drugs, that ratio was about 1.25. For the -- mainly

- 3 the drugs in this complaint, that ratio was
- significantly higher, and it varied from drug to 4
- 5 drug, but significantly higher, so that it allowed me
- to also look at -- I ultimately looked at the
- 7 reported WACs on those and found, I felt, consistency
- in the other PPD drugs that -- they're typical brand 8
- 9 drugs. The regular cost column was very consistent
- with the reported wholesale acquisition cost, and for 10
- 11 these Ery drugs, it was inconsistent.

12 I then also looked at these drugs in

- regards to the FUL. And for many of the drugs that 13
- 14 were initially filed -- and I think with our initial
- 15 notice and whatever, disclosures, whatever those
- legal terms are, but one of our initial letters to 16
- 17 the government on this, we pointed out that -- at
- 18 least in our opinion, that had Abbott reported what
- we assume were the real wholesale prices, which were 19 20 actually below the price we were getting it -- and
- we're assuming 2 to 5 percent below -- that in many 21
- of those cases, had Abbott, in our opinion, reported

7 (Pages 22 to 25)

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Lockwood, M.D., John M. - 30(b)(6) Atlanta, GA April 23, 2009

Page 36

Page 34

would be much more time and labor-intensive to -- to do it.

Ultimately we did look at some of those prices going further back based on the prices that we saw in the McKesson catalogs and in Bergen. The thing that really drew it to my attention was that the Econolink software had the Economost number and it had the NDC number. both, meaning it showed you which NDC linked to which Economost number, which made that process much easier once I sort of discovered the issue, and I could look back at it somewhat retrospectively.

- 14 Q. (By Mr. Berlin) You could look back retrospectively because you found the number -- the 15 NDC linked to the Economost number? 16
- 17 A. Yes.

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- 18 Q. At what point did you make that link?
- 19 A. Well, in 2000, the -- what -- McKesson was
- sort of moving out of the catalog business into the 20
- electronic world and they literally told us at some 21
- point they would probably quit producing the paper

catalog, that everything would be electronic. And

- 2 I -- I think the last paper catalog they actually
- 3 produced was, I think, 2003, meaning they don't
- produce a paper catalog now. Everything is
- electronic on this. And they were in the process of
- transitioning people out of the paper catalogs into 7

the electronic stuff.

But I think the electronic version of their catalog allowed me to more readily see the relationships, understand them more readily. They were, I guess in some degree, concealed, not a hundred percent, but became much more apparent when I 12 13 looked at the electronic version, and -- and that's

14 how I discovered it. 15 Q. In the complaint which we've marked as

16 Exhibit Number 2, in paragraph 49, you allege that the alleged fraud was occurring from at least on or 17

- 18 before January 1, 1994. So at the point that you
- 19 filed the complaint against Abbott, how were you able
- 20 to make the allegation that these price discrepancies
- were occurring all the way back to 1994? In other 21

words, what, at the time you were filing this, was

1 the basis for that allegation?

2 A. I had gone back and looked at those 3 catalogs now that I had the link. And of course I

4 could look at the NDC and the Economost number and

5 look at the catalog and make sure that the

6 description in the catalog fit the description in the

7 electronic catalog to be sure that I was comparing

apples to apples and then compare those to the

9 reported prices that we had in Redbook and Blue Book 10 or First Data Bank.

Q. Prior to 2000, did Ven-A-Care have any documents which would have enabled it to make that sort of comparison on the prices for the

14 Erythromycins? In other words, could Ven-A-Care have

made this determination prior to 2000? 15

16 A. I guess it would have been possible, but 17 it was -- as I said earlier, it would require a good 18 deal more analysis and it would require the focus on those drugs to see it or dig it out or understand it. 19

Q. Prior to 2000, did Ven-A-Care have any other documents that would have enabled it to make these price comparisons?

Page 35

Page 37

1 A. Well, we had some documents that showed 2 prices on these Ery drugs or -- some or most of the

3 Ery drugs or maybe all. We had, I think, a catalog

from Gulf Distributor that was a 1994 catalog. We

5 had the McKesson catalogs. We had, as I recall, two

6 printouts from Bergen Brunswig, one for 1998 and one 7 for 1999 that included the Erythromycin drugs.

And we had another mailer from McKesson

9 that we got in 1998 that was, I think, called Prefer

10 RX, from McKesson, which listed, as I recall, the NDC 11 number; and it may have listed the Economost number

12 too. I'm not sure. And it listed the -- just from

13 memory, it lists the McKesson sell price, the usual

14 normal McKesson sell price in one column, and then it

listed essentially a discounted column that was, I 15

think, the preferred RX price which was being 16

17 offered, which I assume is a -- I don't know if there

18 was a contract associated with it or not, but another

19 listing for a lower price in 1998 where you could buy

20 the drug on a contract below the usual McKesson sell 21 price.

22 And I think the McKesson sell price that

10 (Pages 34 to 37)

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Lockwood, M.D., John M. - 30(b)(6) Atlanta, GA April 23, 2009

Page 40

Page 38

was listed in that is also sometimes called the 2 regular cost at McKesson, the noncontract price or sometimes called the catalog list price, meaning it's essentially their nondiscounted price. That's what I can think of right now. There might be more stuff, 6 but those are the ones I can think of right now.

- Q. Prior to 2000, did Ven-A-Care have any document that within that document there was a comparison of any price on the Erythromycins and the AWP or WAC for the Erythromycin?
- A. Well, that's an interesting question.
- 12 Q. Thank you.

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price.

A. The Gulf Distributor's catalog had a 13 14 column listed as AWP next to the drug's price. And it's interesting because for many or at least some of 15 the Ery drugs, the price under the AWP column was not 16 17 the reported AWP but was actually the price that they would sell you the drug for, meaning they were 18 referring to their sale price, their -- the price 19 they would sell you the drug for as average wholesale

> And the other interesting aspect of this Page 39

is that Bergen, in their printouts in 1998 and 1999, 2 also had a price column next to the drug and the NDC 3 number, and that column was labeled average wholesale price. And it too was the price that they would sell 5 you the drug for and it was not the reported average wholesale price of the drug in all circumstances. In 7 some circumstances it was, and I don't mean with the Ery drugs, but in terms of the greater universe of 9 pharmaceuticals, because we're talking about a front and backside printout that's four inches deep. 10

You know, I don't know. The Econolink 12 system contained prices on about 25,000 13 pharmaceuticals, ballpark. And I'm assuming the 14 Bergen printouts had at least that many, if not more. I haven't done a count to see exactly how many 15 pharmaceuticals are listed in that. 16

But it was interesting that these were wholesalers who were representing their -- the price that they sold the drug to pharmacies at under a 20 column labeled average wholesale price. And it took me a little while to understand that that was going on because I had assumed that those were the reported wholesale prices, but when we actually started

- 1 2
- looking at it, for many of the pharmaceuticals, they
- 3 were not. So they were actually -- what I'm assuming
- is that wholesaler was saying this is the average 4
- price that we sell this drug for at wholesale, I
- 6 assume. That's -- the column it was listed under was 7 that.
- Q. So from those documents that you just described, the Gulf Distributor's catalog and the Bergen catalogs, Ven-A-Care was not able to determine 10 11 the spread between the purchase price available to 12 Ven-A-Care and the reported AWP or reported WAC?
- 13 A. We would -- to do that comparison, we 14 would have to look at our other pricing sources or 15 the compendium basically, yes.
- 16 Q. And did -- and just to be clear, it's your 17 testimony that Ven-A-Care did not, in fact, do that 18 prior to 2000?

19 MR. BREEN: Objection, form.

THE WITNESS: Not to -- I mean to the best of Ven-A-Care's knowledge at this point in time,

22 we're not aware that we did that, no.

Page 41

1 MR. BREEN: Just for the record, you mean 2 for the Ery drugs, right?

THE WITNESS: For the Ery drugs, yes.

MR. BERLIN: Yes.

5 THE WITNESS: Yes, for the Ery drugs.

6 MR. BREEN: I withdraw my objection.

- Q. (By Mr. Berlin) Did Ven-A-Care have any single document -- so I'm drawing the distinction between taking a document and going off to the compendia and trying to do this process that you described is a -- let me just back up. That process you described is a bit laborious, right?
- A. It would have been a little bit to -- to look at that. Certainly the electronic software, the -- made that process much easier. There's no question that -- that the electronic catalog made looking at that -- because part of the electronic catalog was an AWP column for the drug.
- Q. And when was the first time that Ven-A-Care got an electronic catalog of any sort?
- 21 A. The Econolink system we got, as far as I 22 can determine, it looks like about April of 2000,

11 (Pages 38 to 41)

Henderson Legal Services, Inc.

April 23, 2009

Page 44

Page 45

Atlanta, GA

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Page 42

1 somewhere in that range.

- Q. Prior to April of 2000 or whenever
- Ven-A-Care got the Econolink system, did it -- did
- Ven-A-Care have any one document, whether that's a 4
- 5 hard copy document or a page on a database, that
- 6 compared the price at which Ven-A-Care could purchase
  - these Erythromycin drugs, or for any of the
- Erythromycin drugs, to the reported AWP or the
- 9 reported WAC to show the spread between those
- numbers? 10

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- 11 A. Right now I cannot think of any. If I
- 12 come up with something in the next day or two, I
- will -- I'll let you know. I can't think of a single 13
- document right now that has that, except for the 14
- electronic catalog -- or catalogs actually. 15
- 16 Q. So the spread information, the difference
- 17 between the -- what you've described as the actual
- price versus the reported AWP was not available to 18 Ven-A-Care until April of 2000 without somewhat of a 19
- 20 laborious process of comparing the two?
- 21 A. I would say that we didn't have that, no.
- That -- that doesn't mean that others didn't, but I'm

to approximately when the Econolink system became

- available to other pharmacies?
- A. I think I'll need to look at that to give you an answer, and I may need to look at the catalogs
- 5 and other things that we have. 6
  - Q. Why was Ven-A-Care, as you describe, a late adopter to that?
- 8 A. We had not been ordering a lot of drugs from McKesson, certainly, and McKesson was -- had 9
- been for many years -- I hate to pigeonhole them 10
- exactly and say they were a backup wholesaler for us 11
- 12 because for certain things, they may have been a
- primary wholesaler for us at times. But I think they 13
- 14 knew that they were not our only source for -- for
- drug pricing or -- and that even during the time 15
- 16 period when Ven-A-Care was seeing lots of patients,
- they weren't our only primary wholesaler. 17

18 They were -- I guess you could call them a

- backup, but they -- when we needed oral drugs and 19
- that sort of thing, we typically would buy from them 20
- 21 or Gulf Distributing. Whereas we might have direct
- 22 contracts with some manufacturers, we might have

Page 43

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not aware that -- I'm not aware at this time that we

- 2 had that, although, as I said, I -- if I find
- 3 something, I'll let you know. 4

MR. BERLIN: Why don't we take a break to change the videotape.

THE VIDEOGRAPHER: We're off the record at 10:26 a.m.

(A recess was taken.)

THE VIDEOGRAPHER: This is the beginning of tape number two. The time is 10:37 a.m. and we are back on the record.

THE WITNESS: The only thing I might add is that we were not an early converter to the electronic catalog and we knew the electronic catalog had -- had been around for a while. And it was really a -- it was an old DOS-based program that was -- had been modified to work in the Windows environment in, you know, that time.

- 19 So we knew that there had been electronic 20 catalogs around for some time. Exactly how
- 21 long, I'm not so sure that I know.
  - Q. (By Mr. Berlin) Do you have knowledge as

purchases from distributors. They're -- I'm just --

- 2 I don't want to clear -- because I think their
- 3 position as a wholesaler for us changed over time and
- literally from day-to-day as to whether if we were
- looking to buy oral drugs, there may have been
- periods of time when they -- we were mainly buying 6
- 7 from them; but we may not have been buying all of our
- 8 IV drugs from them. So I -- I hope I'm appropriately 9
  - characterizing them.

MR. BREEN: And actually I don't think 10 11 that -- I would -- to the extent that you're

- 12 asking the witness to give a 30(b)(6) answer as
- 13 to generally Ven-A-Care's purchasing history and
- 14 habits and what have you over time, I'd object
- 15 because I don't think it's within the 16 designations. But that said, I'm happy to have
- 17 Mr. Jones or somebody give a more comprehensive
- 18 answer, if you would like.
- MR. BERLIN: That said, I didn't ask him a 19 20 question which actually led to that answer.
  - MR. BREEN: Well, that may be part of the problem.

12 (Pages 42 to 45)

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202-220-4158

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April 23, 2009

Page 48

Atlanta, GA

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Page 46

MR. BERLIN: So you're objecting that he's going -- I didn't ask anything that went to the purchasing history.

MR. BREEN: Okay. At any rate, objection. Objection, nonresponsive.

MR. BERLIN: I understand your point. And that's perfectly fine.

MR. BREEN: If you need that information, we're going to have to get it from Mr. Jones.

MR. BERLIN: That's fine. It's fine for at least now. Let's see how -- how we go.

Q. (By Mr. Berlin) So I'm not asking you to put a specific calendar date for this answer, but approximately when is the earliest that Ven-A-Care learned about the -- about any spread for any of the Erys listed in paragraph 33 in the complaint?

16 17 A. Well, I think, at least right now to the 18 best of our knowledge, when I looked at this relationship in 2000 -- that doesn't mean that 19 someone didn't see it at some earlier time and it 20 21 didn't click or occur to them or -- or they 22 understood the significance or fully understood it. ceiling fell down and water poured into an area that had boxes and boxes of those things. And they were sitting in water and ruined, so that my ability to go back and look at those invoices, receipts, all of those things is -- I don't have that ability.

So we're relying on the memory of the people who, you know, worked at Ven-A-Care that time period when Ven-A-Care was ordering lots of drugs or more drugs from McKesson for -- for that information. Did somebody look at it in 1993 or '94 and realize there was something going on? Maybe. I don't have direct knowledge of that right now, but I also -unfortunately for me, I'm missing the paperwork that might help me do that.

Q. But you're not sitting here testifying that someone in Ven-A-Care knew about the spread information but you all sat on it for a year or a number of years and first started actively investigating it in 2000?

A. No, I'm not -- I'm not saying that. I'm 21 also -- I don't know if somebody looked at an invoice 22 and went, huh, gee, I wonder what that is. I

Page 47

But I think right now to the -- you know, to the extent that we can answer that question, I would say 2000.

4 Q. And this goes back to what I asked you 5 earlier about, about -- about time and the task list. This wasn't a situation where you knew about this for 7 a few years but you just didn't find the time to develop it; this was the situation where you really first learned about the spread in -- in 2000 on these 9 Ery drugs? Is that your testimony? 10

A. In large degree. We -- you know, we're 11 looking at a wide number of pharmaceuticals, and, you 12 know, that number is characterized in a number of 13 14 different ways. Some people say 60,000 NDC numbers. Some people say 100,000 NDC numbers are out in the 15 marketplace on a regular basis being looked at by 16 17 people. Whatever that number is, a large number of 18 drugs.

Part of our -- my difficulty in this is 19 20 that we lost invoices in -- I think it's 1999, Hurricane George, as we've testified about this 21 before. The hurricane hit, the roof leaked, and the Page 49

1 don't -- I don't know the answer to that and because 2 of the lack of information. So at least at present, 3 my best answer is the Econolink software led me to 4 see the relationships that we're talking about.

5 Q. And after you saw the relationships, you brought that to the attention of the other owners of 6 7 Ven-A-Care?

A. Yes, I did.

9 Q. And when you brought it to their attention, did they in any way express to you that 10 11 they had already known about that?

A. Not directly, no.

13 Q. What do you mean not directly?

14 A. No, not that I recall. No one jumped up and said, oh, gee, I knew about that spread in 1993 15 or '92 or '91 or whatever. No. 16

Q. Well, directly or indirectly, did they give you -- was there any indication that the co-owners -- and we've referred to them by name before, that the co-owners had known this prior to you bringing it to their attention?

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A. No.

13 (Pages 46 to 49)

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April 23, 2009

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Page 66

want me to sit down with him and try to recreate

MR. BERLIN: Yeah. That's fine. Why don't we skip this question.

MR. BREEN: As long as it's clear it's not a 30(b)(6) question.

MR. BERLIN: That's correct.

MR. BREEN: I'll be happy to help the witness give the best answer possible.

MR. BERLIN: That he can give.

MR. BREEN: Understanding that --11

MR. BERLIN: I appreciate that. 13

MR. BREEN: -- there's a lot of cases.

14 Q. (By Mr. Berlin) And just to be clear, Ven-A-Care does have a financial stake in this 15

litigation, right? 16

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17 A. Yes, sir, like we do in all these qui tam 18 cases, as I understand. And our lawyers certainly

19 have a stake in it.

20 Q. And again, another question to update is

is Ven-A-Care still a licensed pharmacy? 21

22 A. Yes, sir.

Page 67

- Q. And what does that mean to be a licensed pharmacy?
- A. It means that we have met the State of Florida's requirements for a pharmacy license.
- Q. And can you describe for the jury, just in general terms, what those requirements are?
- A. Is this part of the designation or no or is this something different?
- Q. These areas that I'm going into right now 9 are just some background information that --10
- A. Okay, cause I can't tell you that I 11 prepared --12
- 13 Q. That's okay.
- 14 A. -- for this.
- 15 Q. That's fine. And I'll -- specifically for everyone's comfort, I'll specifically designate this 16 as outside the 30(b)(6). So if you can answer that 17
- 18 just to the best of your personal knowledge.
- A. Well, my -- I think you have to either have or employ a pharmacist who has the appropriate 20
- training and licensure and then you have to meet a 21
  - variety of standards set up by the Florida board. Am

Page 68 I familiar with every one of those? No. I guess I'd

refer you to the Florida Department of Professional 3

Regulation and their requirements for pharmacy.

4 Mr. Cobo, who is our pharmacist, really deals with that matter, and my experience with it is, 5 6 I would say, peripheral. I know he does it. I know 7 that he maintains it, but I don't know all the hoops

8 he jumps through.

> Q. Does Ven-A-Care have to pay any fee to the State of Florida or to anyone to maintain the license?

A. Every license I've ever got in the State of Florida had some fee associated with it, yes.

Q. And is it still true that Ven-A-Care has not seen a patient since approximately 1998?

MR. BREEN: Objection to form.

17 THE WITNESS: I think that would probably 18 be correct. I think that's been testified to 19 many times before, and I'm not aware of any --20 any new ones, no.

Q. (By Mr. Berlin) That's what I was getting 21

22 at. You did testify to that on page 169 of your

Page 69

deposition. And really what I was asking is, is that 1 2 still true in a sense that since that time,

3 Ven-A-Care has not seen patients?

MR. BREEN: Objection to form.

5 THE WITNESS: Well, I don't think we 6 have -- yes. I don't think we have any new 7 ones, no.

Q. (By Mr. Berlin) So why has Ven-A-Care maintained its pharmacy license if it's not seeing any patients? 10

11 A. Well, for a number of reasons. We have over the years many times talked about getting back 12 into the pharmacy business in different ways. And I 13

think some of this has been talked about, but we want 14

that opportunity and availability. Certainly we are 15

interested in the pharmaceutical world. We're 16 17 interested in pharmaceutical pricing and in

18 particular we're interested in fraud, what we

19 perceive as fraud by manufacturers.

20 So I think we want to main -- much like I maintain my medical license. I'm not doing a lot of 21 22 orthopedics, but I do my continuing medical education

18 (Pages 66 to 69)

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April 23, 2009

Page 104

Atlanta, GA

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Page 102

Now, sometimes, you know, I think that manufacturers became sensitized to whether what they were doing was correct at some point in time. Ven-A-Care has been banging the -- you know, banging around on the AWP issue for a long long time now. So some of them became more cautious about how their marketing the spread was done or occurred.

But that -- it's the nature of it that -- that when you can compare the typical reimbursement prices to your acquisition cost, you're looking at this saying, hey, this is a nice opportunity, wonder how long it will last, maybe forever, maybe not. I don't know.

- Q. (By Mr. Berlin) Does Ven-A-Care believe that the Econolink software markets the spread?
- 17 A. I believe that, yes. Ven-A-Care believes 18 that, yes.
- Q. And does Ven-A-Care -- am I pronouncing your company as Ven-A-Care or Ven-A-Care?
- A. Either one will do.

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Q. Does Ven-A-Care have any specific evidence

Page 103

that Abbott knew about -- knew that this software marketed the spread?

MR. BREEN: Objection to form.

THE WITNESS: You know, I might want to take a minute and look at a document or two before I answer that question.

- 7 Q. (By Mr. Berlin) Okay.
- 8 A. And I can do it now or I can do it at the 9 lunch break.
- Q. Which documents do you need to look at to be able to answer that question?
- A. Well, I might want to look at at least one of our GPO contracts before I answer. I don't -- you know, I -- I try to remember a lot of things.
- Q. I'm not faulting you. I just want to know what documents you need to look at. The GPO contract. What else would you look at to help you answer that question?
- A. Right now that would be the thing I would be most interested in looking at is that.
- Q. Do you have that with you?
- A. I think I do.

Q. Let's -- let's -- could you pull that out and we'll mark that as an exhibit?

MR. BREEN: Why don't we go off the record.

THE WITNESS: Actually I don't know if I do. Let me see.

MR. BREEN: He doesn't have it. I can get access to it electronically.

- Q. (By Mr. Berlin) Okay. Well, let's continue and we'll come back to that.
- 11 A. Okav.
- Q. Okay. Does Ven-A-Care know of an Abbott employee who specifically market the spread on the Ery NDCs?
- 15 A. Well, I guess we would -- we would say I 16 think two things: Did we talk to an Abbott employee 17 specifically who marketed the spread to us? And I
- would say no. But I think at the same time
- 19 Ven-A-Care assumes that -- and believes that whoever
- 20 was marketing the Erythromycin drugs, these Ery
- 21 drugs, for Abbott knew that he was creating these
- 22 inducements and putting them out in the marketplace

Page 105

for pharmacies to appreciate. So we would assume
 that -- we believe that the marketing team, whoever
 those people are that are responsible at Abbott, know
 their marketing spread.

Q. And in that situation that you just described, is that what Ven-A-Care previously has referred to as where the spread markets itself?

MR. BREEN: Objection to form.

THE WITNESS: I think people have said that, but I think it's really -- it's probably even -- I mean, it's more detailed than that. So I think what I've talked about is that pharmacists are in the spread business. When you create spreads for them and put them out in the marketplace, pharmacists will find them. To suggest that they don't look for them or they won't find them is ridiculous. And I would just say that manufacturers that do that need to

- beware. It's ridiculous to take that position,in our mind.
- Q. (By Mr. Berlin) And other than what

22 you've just described, does Ven-A-Care have any

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27 (Pages 102 to 105)

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Lockwood, M.D., John M. - 30(b)(6) Atlanta, GA April 23, 2009

Page 106

1 specific knowledge of an Abbott employee who marketed 2 the spread on Ery?

MR. BREEN: Objection to form.

THE WITNESS: We did not have a specific conversation with an Abbott employee who marketed the spread to us on the Erythromycin oral drugs.

- Q. (By Mr. Berlin) And beyond an employee communicating with Ven-A-Care, does -- and putting aside what you've described as that Abbott must have known by setting these prices, does Ven-A-Care have any knowledge of an Abbott employee marketing the spread to a pharmacy other than Ven-A-Care?
- 14 A. Not including information that were involved in investigations, I assume, meaning prior 15 16 to any investigations?
- Q. No. I'm asking you sitting here right now 17 about Ven-A-Care's knowledge. Does Ven-A-Care --18
- A. As of today, right now? 19
- 20 Q. Yes.

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- 21 A. After Texas investigations and discovery
- documents and all of those things?

Page 107

1 Q. Absolutely, I'm asking you for that, and 2 I'm asking you -- Dr. Lockwood, let me be clear. I'm 3 asking you -- putting aside your point that these spreads -- that the pharmacists know about the 5 spreads, they find them, and putting aside the point that no Abbott employee has marketed the spread 7 directly to Ven-A-Care, I'm asking you do you know, have any information about an Abbott employee going out and marketing the spread on any of the Erys named 9 in this complaint to any other pharmacy? 10 11

MR. BREEN: Objection, form.

THE WITNESS: I'm now free to talk about discovery documents that Abbott has produced?

Q. (By Mr. Berlin) If you know about them, 14 15 yes.

16 MR. BREEN: Understand this is not -- I've 17 not prepared him as a 30(b)(6) witness to talk

about information that's been produced in 19 discovery. He's got knowledge of it. I'll let

20 him testify about it.

> MR. BERLIN: Wait a minute. It's -- I mean, the topic is unequivocal, Ven-A-Care's

Page 108 knowledge concerning pricing, marketing and

reimbursement of the subject drugs, how

3 Ven-A-Care utilized or acquired the knowledge; 4 and the other topic is Ven-A-Care's knowledge,

5 if any, of Abbott's price reporting and 6 marketing practices for the subject drugs. It

7 didn't ask as to a certain date. I mean, it's 8 open-ended.

> MR. BREEN: We've got objections to it. So we could either stand on the objections --

11 MR. BERLIN: Well, you never objected 12 based on that.

> MR. BREEN: Stand on the objections and have the court determine it. He's going to answer this question to the best of his ability. I'm just saying I don't think that this 30(b)(6) witness is required to marshal discovery evidence.

MR. BERLIN: That's fair enough.

20 Q. (By Mr. Berlin) But give me your

understanding of -- sitting here today, answer it as 21 22 well as you can.

Page 109

1 A. Well, first of all, I recall seeing 2 discovery documents from Abbott where there was 3

discussion about how we're going to market these Ery drugs to retail buying groups. And there was a

4 5 group -- I can't name the names; I don't have them.

6 Q. Let me -- actually let me try to simplify this a little bit, cause I'm not -- I understand how you're answering this, and I apologize for 9 interrupting your answer, but let me see if I can

take care of Mr. Breen's objection and simplify this 10

11 a little bit. 12 A. Okay.

13 Q. Do you have any knowledge of, specific

knowledge of an Abbott employee, not based just on 14

internal documents, but actually going out and 15 marketing the spread? Have you heard of that from 16

17 another pharmacist or from any other source that an

18 employee actually went out and marketed the spread on

Erythromycin? 19 20

MR. BREEN: Objection, form.

THE WITNESS: Well -- and I hope I'm 21 22 answering this within the parameters that you're

28 (Pages 106 to 109)

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Lockwood, M.D., John M. - 30(b)(6)
Atlanta, GA

April 23, 2009

Page 112

Page 110

talking about -- an Abbott employee, as I recall, Mr. Fiske, when he was deposed in the Texas case, we explained to Mr. Fiske the issue of Abbott's reported WACs to the compendia and that states used those WACs; and we discussed in detail during that deposition, as I recall, what Abbott termed its base deal pricing to wholesalers.

And he was asked specifically if he understood how Medicaid programs could be confused by his positions and that Medicaid programs might be confused by his differing representations of WAC, that it would have some impact upon them; and he ultimately answered something along the lines of, yes, I understand how they could be confused by that.

So, to me, that was Mr. Fiske saying, yeah, we -- we created a reported WAC, we -- we had a different real transaction price and -- to wholesalers and, gee, I understand that that could have had some impact on Medicaid programs and confused them.

Page 111

And at least in my mind, that's him admitting that that -- the inducement he created. And did he go out and do it? I think he stayed right at Abbott and did it. The inducement he created, he understood how that could have an effect upon the programs and reimbursement. And to me, that's him admitting he's marketing the spread when he sets those prices.

Now, beyond that, in terms of walking out and talking to a pharmacy specifically, I don't know that he did that to the Ery drug specifically, but this gentleman negotiates a lot of different prices for Abbott's drugs. He sometimes bundles drugs, it appears to me. He sometimes bundles the Ery drugs with other drugs. Those things look like, you know, inducement marketing to me. I see them doing that. I hope -- I don't know if that answers your question adequately or not, but that would be my interpretation of those things.

Q. (By Mr. Berlin) And does Ven-A-Care have

any knowledge of any Abbott employee specifically talking to a pharmacy about the spreads on Ery?

MR. BREEN: Objection, form.

THE WITNESS: I guess if we're including all the Abbott discovery, I would say that I'm not -- I don't know that I am adequately prepared to answer that in terms -- based on all the discovery that's been done. I don't think anyone at Ven-A-Care knows specifically of a Abbott person outside of discovery in these cases that went and talked to a pharmacist.

- Q. (By Mr. Berlin) Could you look back at the complaint and look at the -- it's actually page 2, the sentence before the header one. It's on -- it's not a numbered paragraph. It says, these efforts allowed Abbott to increase its profits by boosting sales for its drugs.
  - A. Yes.
- Q. What is Ven-A-Care's evidence that these efforts allowed Abbott to increase its profits?
  - A. Well, I would say the entire argument that I made probably in the past 20 or 30 minutes that by

Page 113

putting these spreads out in the marketplace and creating larger spreads than normal, that they're creating an inducement in the marketplace that ultimately leads to more purchases of their pharmaceuticals, and as such, Abbott benefits by that.

It's -- I suspect that manufacturers make decisions about setting prices and how they set prices, and they do that in an effort to always maximize their profits. I find it hard to believe that -- that -- that manufacturers such as Abbott do anything other than set prices to maximize their profits. It's what they do.

And when they create increased spreads like these -- they did for the Ery drugs, when they're not doing that for the other drugs at PPD, I think they're doing that to increase their utilization in profits; because if nobody buys their drug, I don't think they make any money.

- Q. Any other evidence to support that allegation?
  - A. Other evidence, including discovery

29 (Pages 110 to 113)

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Lockwood, M.D., John M. - 30(b)(6) Atlanta, GA April 23, 2009

Page 182

interrogatory answer. 1

- 2 A. Okay.
- 3 Q. And it says that Abbott contracted with
- the GPOs, wholesale source programs and chain 4
- pharmacies for the expressed purpose. And let me
- 6 under -- is your understanding of expressed purpose,
- 7 does that mean expressly written or expressly stated?
- I mean are there documents? Is there a time when you 8
- understand that Abbott spoke to these folks or had a
- written contract that specifically said you will 10
- market the spread? 11 12
  - MR. BREEN: Objection to form.
- 13 THE WITNESS: I will need to investigate
- 14 this further, but it would appear that the
- Leader program that's mentioned in here looks 15
- 16 like it's a spread marketing tool that -- where 17 you're comparing profitability.
- Q. (By Mr. Berlin) And that's whether 18
- something exists. The question is whether Abbott 19
- contracted with the GPO to -- for the expressed 20
- purpose of marketing the spread? 21
- 22 MR. BREEN: I'll object that you

Page 183

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- interrupted the witness again.
- MR. BERLIN: Well, okay. Fine.
- Q. (By Mr. Berlin) Go ahead, Dr. Lockwood.
- MR. BREEN: And, therefore, move to strike
- 5 his last answer since it was incomplete. 6 THE WITNESS: I'll need to look at this
  - some more. I have to read the answer here. I'm
- 8 sorry.

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- 9 Q. (By Mr. Berlin) Okay. Well, you know,
- I'm going to add this to what I'd like to discuss 10
- 11 tomorrow.
- 12 A. Okay. Are we making a list?
- 13 MR. BREEN: Uh-huh, and then we're going
- 14 to go over it before we end today.
- Q. (By Mr. Berlin) Did you personally ever 15
- witness an Abbott representative marketing the spread 16 17
- on Ery?

22

- 18 A. No, not to us. No. No, and -- no, I
- haven't seen an Abbott -- I mean, other than what I 19
- might construe testimony to mean in the litigation;
- outside of that, no. 21
  - Q. And when I say witness, I don't mean

Page 184

- reading testimony. I mean witnessing with one's --2 one's five senses. Has anyone from Ven-A-Care ever 3 witnessed an Abbott representative marketing the
  - spread on Ery?
    - MR. BREEN: Objection to form.
    - THE WITNESS: Not to us directly.
      - Q. (By Mr. Berlin) Well, to anyone.
- A. That we know of, no. I -- I mean, that gets complicated though. I -- I mean, I would -- no.
- I think I need to know more. We have -- as I said, I 10
- think there's a thing called Prefer RX where, you 11
- 12 know, McKesson is circulating a contract discounted price, and I got to believe that Abbott knows they're 13
- 14 circulating that contract price.
- 15
  - They have this retail buying group thing
- 16 they're sending out trying to stir up retail buying
- 17 group purchases at that time. And, you know, those
- 18 are probably marketing-the-spread-type documents.
- Now, is there a person associated with it? Somewhere 19
- somebody sent that out. Did I see the person do it? 20
- 21 No. I -- I mean, I think we have a lot of documents
- that we perceive as spread-marketing documents.

Page 185

- O. Well --
- 2 A. Seeing an individual market it is
- 3 different than that.
- 4 Q. And does anyone at Ven-A-Care have any
- 5 personal knowledge about an Abbott representative
- going into a pharmacy and specifically marketing Ery, 6
  - whether it's marketing the spread or any sort of
- 8 marketing of Ery? 9
  - MR. BREEN: Objection to form.
- THE WITNESS: I don't know that we know of 10
- 11 a human being who walked in and did that that
- we're familiar with. 12
- 13 Q. (By Mr. Berlin) And isn't it true in the
- 1990s that all sellers of Erythromycins had spreads? 14
- 15 MR. BREEN: Objection, form.
- THE WITNESS: They may have. They may 16 17 have, depends on when and where, but they may
- 18 have, yes.
- 19 Q. (By Mr. Berlin) Do you know how Abbott
- 20 spreads on Ery compared to other companies' spreads

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- 21 on Ery?
- 22 A. I have not specifically studied that, no.

47 (Pages 182 to 185)

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Lockwood, M.D., John M. - 30(b)(6) Atlanta, GA April 23, 2009

Page 244

Page 242

about in about 1998 or '99, as I recall. We at one point gave that logon to the government so they could log on to Innovatix, and I think that included Rob Vito at the OIG so they could look at some of these things.

Q. Do you know when you provided this to folks in the federal government?

MR. BREEN: Objection to form. What is "this" specifically?

MR. BERLIN: He just said that they provided password to Innovatix.

- 12 Q. (By Mr. Berlin) So when did you provide that password and when did you -- when did you 13 14 provide access for the federal government?
- A. I believe in 1998. You want the exact date, I think we can get that document. 16
  - Q. And at the time that you --

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- 18 A. I think I've seen that document in the 19 past few days, I believe. It's a document that I 20 think I have seen.
- 21 Q. Do you know whether prior to -- at any 22 time prior to 2000 -- back up a second. You

know, we analyze drug pricing a lot, but there are a

lot of drugs to analyze. So the connection, as I recall, to Innovatix was relatively slow and there was no way to

log on and say print all the NDCs for me. That -- I 5 6 don't think there was that option. So we looked 7 periodically at the Innovatix website for things as a 8 pricing source, information source.

- Q. Do you know when Abbott Ery, PPD Erys first showed up on the either Greater New York or Innovatix.com?
- 12 A. I don't know exactly. I can say that they were certainly there on this date. If they were 13 14 there before that, it wouldn't surprise me. In fact, I would expect that they were there somewhat before 15 16 that, certainly the day before, probably, but -- and 17 we have lots of pieces of paper because sometimes 18 these people do announce to you when they sign a contract with a new manufacturer and sometimes they 19 don't. It's just that simple. 20
- 21 If they think it's a big deal, sometimes 22 they announce it. They send out -- it's part of

Page 243

- testified earlier that you first discovered the --
- 2 what you're alleging to be fraud with respect to the 3 Erythromycin pricing in 2000. Do you know whether
- spreads on the Ery drugs were available through the
- 5 Innovatix.com website prior to 2000?
- 6 A. My understanding is I don't think they 7 were. We had and we produced a rather extensive item catalog for -- I think in 1998 it was labeled Greater 9 New York Hospital Association, but I know it was a
- 10 1998 publication. And it included Abbott's Hospital
- 11 Products Division drugs, but I don't believe -- I'm relatively sure, in fact, that it did not include the 12
- 13 Pharmaceutical Products Division drugs.
- 14 Q. Do you know when the -- so -- ask another 15 question. Was that simply a situation that the
- Abbott Ery, the PPD Erys were not available through 16 17 this GPO; they didn't have a deal for them?
- 18 A. That may be the case. I just know that we didn't have a price for it in that particular catalog 19
- 20 and the, you know, Abbott Ery drugs were not exactly on my radar screen at that point in time. I'm 21
- looking at this stuff sometimes retrospectively. You

Page 245

1 their marketing for the manufacturer that they say, 2 well, you know, look how lucky you are, you now have 3 this manufacturer's prices available to you.

Q. Let me ask one quick question which may help us streamline things for tomorrow. I know that you -- that Ven-A-Care made several presentations to states and the federal government and NMFCUs, and some of those presentations were prior to 2000.

9 Given your testimony today that you had no knowledge

about the Ery spreads prior to that time, am I 10 11 correct that Ery was never mentioned in any

presentation prior to 2000? 12

13 A. I'm not aware that it was. I really think 14 that I first focused on this in the 2000 time frame, specifically, and that doesn't mean that we didn't know that Abbott had Ery drugs or that there -- you know, that there may or may not be discounting on

18 them or whatever. 19 But I think I could say that in 2000 is 20 the first time I really sat down and did a hard 21 analysis of what was occurring in the marketplace 22 with the Ery drugs. And in general, presentations to

62 (Pages 242 to 245)

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April 24, 2009

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UNITED STATES DISTRICT COURT
          FOR THE DISTRICT OF MASSACHUSETTS
IN RE: PHARMACEUTICAL
                         )
INDUSTRY AVERAGE WHOLESALE ) MDL NO. 1456
PRICE LITIGATION
                          ) CIVIL ACTION:
THIS DOCUMENT RELATES TO ) 01-CV-12257-PBS
U.S. ex rel. Ven-A-Care of ) Judge Patti B. Saris
the Florida Keys, Inc. v. )
Abbott Laboratories Inc., ) Chief Magistrate Judge
No. 07-CV-11618-PBS
                          ) Marianne B. Bowler
               HIGHLY CONFIDENTIAL
     CONTINUED VIDEOTAPED 30(b)(6) DEPOSITION OF
                JOHN M. LOCKWOOD, M.D.
                      Volume II
    (Taken by Defendant Abbott Laboratories Inc.)
                    April 24, 2009
                      9:44 a.m.
                      Suite 800
             1420 Peachtree Street, N.E.
                  Atlanta, Georgia
Reported by: F. Renee Finkley, RPR, CRR, CLR,
CCR-B-2289
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## 14 (Pages 308 to 311)

	200		210
	308		310
1	system.	1	recollections, no one was aware of this document at
2	(Exhibit Lockwood Ery 012 was	2	Ven-A-Care until it was provided to us.
3	marked for identification.)	3	Q. And on page 147 you'll see there's the
4	Q. (By Mr. Berlin) Now, I'm getting into,	4	italicized heading Actual Acquisition Cost, and then
5	Dr. Lockwood, some of the documents that we provided	5	the next paragraph under that states, under the
6	to Ven-A-Care on disk in advance of the deposition	6	pricing system now prevalent in the drug industry,
7	and specifically listed in our topic number 13. I'm	7	the published wholesale price of a drug product is
8	providing you these copies. If you happen to have	8	subject to a complex system of frequently changing
9	brought another copy that is easier for you to	9	discounts, including discounts based on the purchase
10	reference, you're welcome to use those, but I just	10	of other drug products, and cumulative discounts
11	we gave those to you well in advance and I just am	11	based on the volume that may be computed after the
12	bringing it to your attention that we're going to get	12	end of the accounting year.
13	into those now.	13	I don't mean to be cheeky by asking this
14	MR. BREEN: We don't have hard copies with	14	since this is a document from 1969, but I just need
15	us. We've been looking at them electronically	15	to get this formally on the record. Does Ven-A-Care
16	just because we got so much paper, so if you've	16	contend that it was the original source of this
17	got hard copies, it will be helpful.	17	particular information that I just read?
18	MR. BERLIN: Whatever is convenient for	18	MR. BREEN: Objection, form.
19	you guys, but I'm going to mark them as	19	THE WITNESS: I guess I don't know what
20	exhibits. I just wanted to	20	you mean by are we the original source of this
21	MR. BREEN: Okay. Good.	21	information. I don't think I understand that
22	MR. BERLIN: And maybe I don't know	22	as if it's a legal concept, I don't
	309		311
1			
1 2	that I'll mark all of them, but, you know, we	1	understand what you mean by original source of this information. I assume whoever wrote this
3	just wanted to give you the range.	2	
4	Q. (By Mr. Berlin) The first one that we've marked as Exhibit Number 12 is a memorandum to the		wrote it. I don't Ven-A-Care did not write
		4 5	this in 1969. It was written by whoever,
5 6	secretary from Phillip R. Lee dated February 7, 1969 under the U.S United States Government Department	6	whoever is listed here.
7	of Health, Education and Welfare, Office of the		MR. BERLIN: And let me just pause and
II		7	talk to you Jim. One thing you said yesterday
8	Secretary. Could you turn to page 147 of the	8	was that as Ven-A-Care's and I don't mean
9	document?	9	to you can correct me if I say this wrong,
10	First of all, let me just ask you	10	that some or all of these documents are not
11 12		11	public disclosures as defined by The Act. Is
	•	12	that correct?
13	•	13	MR. BREEN: Our position is that these
14	A. Yes, I reviewed these several days ago.	14	documents none of these documents are public
15	Yes.	15	disclosures as defined by the False Claims Act
16	•	16	that Ven-A-Care's allegations or actions were
17		17	based upon.
18	3	18	MR. BERLIN: And is that something that
19		19	Dr. Lockwood is prepared to testify on or do you
20	-	20	view that solely as a I guess let me just ask
21		21	that.
22	or, you know, to our best understanding or	22	MR. BREEN: I think Dr. Lockwood is

April 24, 2009

#### 17 (Pages 320 to 323)

320 322 1 Q. I guess the question is did you read the 1 acquisition cost, if that term was available at 2 2 document? the time, or AWP. But I think I'm going to take 3 it as what it says, listed wholesale prices. 3 A. Yes, I did. 4 4 Q. Could you turn to the number up in the Q. (By Mr. Berlin) Well, do you know to 5 which listed wholesale prices they were referring to 5 upper right-hand corner, 9761? 6 6 A. I might note it was a lot of reading. in this document? 7 7 A. Well, I mean, I --Yes, sir. 8 8 MR. BREEN: Objection, form. Q. What is your understanding of the table 9 9 THE WITNESS: I think they have it listed that is on this page? 10 10 as listed wholesale price and it's 1969 and I'm A. I'm going to need to re-read some of this 11 11 to give you the answer to that. This is a discussion going to -- I can't interpret. I don't know 12 12 what they knew. It may have included AWP. I -in a chart of what appears to be the pharmaceutical 13 13 I don't know. They're saying listed wholesale reimbursement board at, I guess, HHS or HCFA; and 14 prices. I guess I got to take it for what it --14 they're discussing adjusting the federal MAC, 15 15 sometimes called the federal upper limit, and looking what it says. 16 MR. BREEN: By the way, just for the 16 at information to them from the marketplace and 17 17 trying to set what is essentially a ceiling price so record, Eric, I've asked Alison offline here to 18 18 check and you say we didn't provide any that they will not pay more than a certain amount, a 19 19 objections, but we objected as follows: The ceiling. And they're talking about adjusting those 20 20 designation mischaracterizes and misstates the prices periodically based on updated information. 21 21 law and relative burdens on the parties relating Q. What was the updated information they were 22 22 to the original -- to original source and suggesting using? 323 321 1 A. It says, HHS officials told us they 1 probably disclosure and potentially the 2 allegations of The Relator's qui tam complaints. 2 eyeballed the statistics received monthly from IMS to 3 3 determine if the drug can still be obtained at the So we've been telling you from the time we MAC limit. These statistics stratify what about 4 filed our objections that we think you're 5 misstating it. But that said, I prepared him to 1,600 pharmacists across the nation pay for the 6 do the best job he can in responding to all of largest selling 300 drugs during a selected period. 7 7 For example, the statistics would show the amount at your questions. 8 8 MR. BERLIN: That ignores the month of or which about 10 percent of the 1,600 pharmacists 9 9 communications back and forth that occurred purchase a particular drug and 20 percent purchased 10 10 after you served those objections. the drug and so on through the 90th percentile. 11 11 So they're using IMS data, and I think in (Exhibit Lockwood Ery 013 was 12 marked for identification.) 12 here as well -- let me go back. I think they're 13 13 using -- in accumulating information for the board's Q. (By Mr. Berlin) Dr. Lockwood, we've 14 marked as Exhibit 13 the -- this GAO report on 14 use, the HCFA personnel used several source 15 15 materials, including IMS America Limited, a private Effects of MAC Program on Prescription Drug Cost 16 16 dated December 31, 1980. Had Ven-A-Care seen this corporation, Market Data, Drug Tropics -- Topics 17 17 document prior to receiving a copy from us? Redbook and the Blue Book listings of wholesale drug 18 18 prices, Physicians Desk Reference and others in A. To the best of our knowledge, the answer 19 19 identifying market volume and most commonly purchased is no, we had not seen it or relied on it. 20 20 package sizes. The IMS data are the only source Q. And did you have an opportunity to read 21 21 the document? material used. So that's apparently what they used. 22 Q. Do you have an understanding as to what 22 A. I did.

April 24, 2009

## 19 (Pages 328 to 331)

	328		330
1	set?	1	generally, what, in general terms, is your
2	A. Well, I I think I would just say what	2	understanding of this document? I'm not asking for a
3	they said, which is when they used their criteria,	3	dissertation on it, just a sentence or two.
4	they felt they could lower this MAC, and and they	4	MR. BREEN: Objection, form.
5	claim using this informal criteria that they could	5	THE WITNESS: Well, I would need to
6	lower the MAC. And once again that's looking at I	6	refresh my memory about this. As I recall, I
7	don't know how many manufacturers were making	7	had 22 of these documents or something like that
8	Erythromycin stearate at that point in time, but it	8	and and I read them but I need to
9	sounds like multiple, and there were apparently	9	Q. (By Mr. Berlin) Well, that's fine. I'll
10	significant price differences between those multiple	10	withdraw
11	manufacturers.	11	A go back over them.
12	Q. Did Ven-A-Care provide any information to	12	Q. My question is can you sit here without
13	the government that was used to create this report?	13	doing that, and your answer is no, so let's move into
14	A. In December 1st, 1980, no.	14	the document. Can you turn to page 3 of the
15	(Exhibit Lockwood Ery 014 was	15	document. It's three is in the center of the
16	marked for identification.)	16	bottom you'll see. And do you see in the first
17	Q. (By Mr. Berlin) We've put before you	17	paragraph, oh, maybe about nine lines down, there's a
18	Exhibit 14, which is a transmittal containing an OIG	18	new sentence that reads, within the pharmaceutical
19	report dated September 1994 entitled Changes to the	19	industry, AWP means nondiscounted list price.
20	Medicaid Prescription Drug Program Could Save	20	Pharmacies purchasing drugs at prices that are
21	Millions.	21	discounted significantly below AWP or list price. I
22	MR. BREEN: Objection. The one I've got	22	think I misread that. Pharmacies purchase drugs at
	329		331
1	says September 1984. I think you said '94.	1	prices that are discounted significantly below AWP or
2	MR. BERLIN: Oh, I misspoke then. Thank	2	list price. And then the third paragraph begins, the
3	you. 1984.	3	use of AWP in determining Medicaid reimbursement for
4	THE WITNESS: Yes.	4	drugs has been a problem that HCFA has recognized for
5	Q. (By Mr. Berlin) Has Ven-A-Care seen this	5	some time.
6	document previously? And in particular, what I'm	6	And then also could you turn to page 22?
7	referring to is the 1984 OIG report, whether in this	7	I want to read one more thing and then I have a
8	particular form or another form.	8	question for you. And you'll see at the bottom, last
9	A. Let me just make sure I'm looking at the	9	sentence on the second paragraph: AWP represents a
10	right one for just a second. Once again, we, to the	10	list price and does not reflect several types of
11	best of our knowledge, were not aware of this report	11	discounts such as prompt payment discounts, total
12	and did not make use of the report until it was given	12	order discounts, end of year discounts, and any other
13	to us by Abbott.	13	trade discounts, rebates or free goods that do not
14	Q. Meaning earlier this year or a few months	14	appear on the pharmacist's invoices.
15	ago?	15	With respect to those three parts that I
16	A. Yes. Yes. We didn't rely on this report	16	read to you, did Ven-A-Care provide any information
17	and we did not no one recalls reading this report	17	to the federal government that, to your knowledge,
18	that I'm aware of.	18	was used in reaching those conclusions?
19	Q. And you did read it prior to today?	19	MR. BREEN: Objection, form. You mean
20	A. Yes, sir, I did read it, but there's a	20	prior to 19 prior to September 1984?
21	lot a lot of reading here. Go ahead.	21	MR. BERLIN: Yes.
22	Q. And could you turn to well, just	22	THE WITNESS: No. Prior to September of

April 24, 2009

## 24 (Pages 348 to 351)

	348		350
1	allegations are there any allegations in the	1	THE WITNESS: I think we described what we
2	complaint that Ven-A-Care claims were not	2	believe as marketing the spread in some detail.
3	disclosed in this document.	3	There may be similarities, but this document
4	THE WITNESS: I guess we believe	4	doesn't say anything about Abbott, that I could
5	MR. BREEN: Objection to form.	5	see. And I don't I don't think it identifies
6	THE WITNESS: I guess we believe the	6	Abbott as a company that's doing that sort of
7	allegations in this complaint are not disclosed	7	thing, and in particular, the pharmacy
8	in this document.	8	Pharmaceutical Products Division of Abbott is
9	Q. (By Mr. Berlin) At all?	9	not identified doing this sort of thing in this
10	A. Well, I I mean, they are different.	10	document.
11		11	Q. (By Mr. Berlin) And could you turn to
12		12	page 4?
13	marked for identification.)	13	A. Yes.
14		14	Q. And do you see the third paragraph there
15		15	says, but then Medicaid officials began getting
16	•	16	company catalogs either on their own or from
17	• • • • • • • • • • • • • • • • • • • •	17	competitors that laid that excuse me, that
18		18	listed the real drug prices that pharmacies were
19		19	paying.
20		20	And that's what Ven-A-Care did, right? It
21		21	looked at catalog information that listed the prices
22		22	that pharmacies actually were paying and compared
	•		
	349		351
1	relied on by us.	1	that with the prices that were listed in Redbook?
2	Q. And could you go to the third paragraph,	2	MR. BREEN: Object to the form.
3	and it starts, the problem officials say? You see	3	THE WITNESS: Well, I would say what
4	where I'm referring to?	4	Ven-A-Care did is Ven-A-Care certainly used its
5	A. Yes, sir.	5	pricing catalogs and its pricing materials in
6	Q. It says, pricing data often described in	6	bringing the complaint, but more specifically it
7	the pharmaceutical industry as meaningless or a,	7	looked at Abbott and Abbott's behavior in those
8	quote, joke, period, end quote. The system is	8	catalogs and and price lists and identified
9	distorted even further by drug companies that publish	9	what we believe is fraud on Abbott's part.
10	prices that are dramatically higher than the prices	10	And I just don't see Abbott identified in
11	they actually charge pharmacies. The sales technique	11	this document. It doesn't tell us which
12	called playing the spread allows some pharmacies a	12	companies they got catalogs for, who they were,
13	larger profit margin on Medicaid drugs and frequently	13	at least well, let it doesn't explain that
14	forces companies that play by the rules to lose	14	in this paragraph at least. And I don't see
15	business. Now, did you you did have an	15	anywhere in here that where they got catalogs
16	opportunity to read this?	16	that involved Abbott's drugs necessarily.
17	A. I read this document, yes.	17	Q. (By Mr. Berlin) When it refers to the
18	Q. And there's a further discussion about,	18	Medicaid officials getting company catalogs, it
19	quote, playing the spread, end quote. And is it your	19	doesn't refer to any particular pharmaceutical
20	understanding of that that is similar to what	20	company, right?
21	Ven-A-Care has referred to as marketing the spread?	21	MR. BREEN: Objection, form.
22	MR. BREEN: Objection, form.	22	THE WITNESS: Well, in that at least in

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April 24, 2009

#### 26 (Pages 356 to 359)

358 356 1 Q. Could you turn to page 303 and 304? A. Ven-A-Care first saw this document when it 1 2 was produced to us by Abbott is our current 2 Okay. 3 understanding, thinking, and we did not rely on this 3 Q. You see toward the bottom of page 303 it 4 4 document. lists -- well, let me just back up a second. This --5 Q. When you say produced by Abbott are you --5 this table on these two pages and also on other pages 6 6 when did you receive that? of this document shows AWP price, direct price, 7 7 contract price, discount off of AWP and discount off A. Well, when you sent it to us. 8 8 Q. And could you turn -- and I'm going to of direct, right? 9 9 refer to the page numbers at the top of the page. A. Those are the columns that are listed as 10 A. Okay. 10 well as a description of the drug on 303 and 304, 11 11 Q. Could you turn to page 239? 12 12 MR. BREEN: 239 or 289? Q. And one of your comments when I showed you 13 13 Q. (By Mr. Berlin) Let me try again. 293. the table on 293 was that that didn't list any of the 14 And you'll see there is a table there preceded by the 14 drugs that are at issue in your complaint, right? 15 text, in September 1985, the oversight subcommittee, 15 A. That's correct, that table did not. 16 for example, revealed the following pricing practices 16 Q. And in this table, if you go down, it 17 17 as typical of our market. And it lists product, AWP shows EES 400 tabs, EES 200 liquid, EES 400 liquid, 18 18 which are all Ery products, right? and contract price, right? 19 19 A. Well, I -- it lists products, AWP and A. These are Erythromycin products, yes. 20 20 contract. Q. And then on the next page, 304, it lists 21 21 O. And these -- the difference between AWP several measurements of Ery tab, Eryped. You see 22 22 and contract show AWP spreads as calculated in that part of the page? 359 357 Exhibit A to Ven-A-Care's complaint, if you -- in 1 A. Ery tab and Eryped, yes. Q. And then going back to EES 400 tabs on 2 other words, if you calculate the AWP spreads as 2 3 Ven-A-Care did in that exhibit, this page shows AWP page 303 --3 4 spreads as large or larger than any spread alleged in A. Yes. 5 your complaint, right? 5 Q. -- which shows an AWP price of 104.12 and 6 MR. BREEN: Objection, form. 6 a contract price of 46.25, and then it shows the 7 THE WITNESS: I believe this chart shows 7 discount off of AWP is 55.58 percent. Is that also 8 some drugs with very large complaints. They're 8 expressed as AWP minus 55.58 percent would equal the 9 9 not the same drugs that are in our complaint. contract price? 10 Excuse me. I see some drugs in this chart with 10 A. Well, it says what it says. It says 11 very large spreads. They're not the same drugs 11 discount off of AWP, and the way they calculate it, 12 that are in our complaint. 12 which I assume is accurate, these purposes, is 55.58 13 13 Q. (By Mr. Berlin) But this is representing percent. Yes. 14 that -- that in September 1985, and then reprinted 14 Q. And that -- I did the math and it 15 here again in 1992, there was knowledge that there 15 translates to a AWP spread as calculated in Exhibit A 16 16 to the complaint of 20 -- of 225 percent. were spreads as high as 1,600 percent, right? For 17 17 example, K-tab, that spread is 16.84 percent? Okay. Assuming your math is accurate. 18 A. I would say based on this, there was 18 You'll accept that? 19 knowledge in -- certainly at the time this was done, 19 A. I'll accept that, assuming --20 20 and apparently the oversight committee thought there Q. And that is -- that is in the 21 was a wide range of prices available in the 21 range of AWP spreads that Ven-A-Care alleges in its 22 22 marketplace, yes. complaint, right?

April 24, 2009

## 27 (Pages 360 to 363)

	360		362
1	A. I think it's in the range of AWP spreads,	1	A. I think well, I don't need to I
2	yes.	2	think I have to rely on Mr. Jones' representations in
3	Q. And the next page, if you look at Ery tab,	3	that time period.
4	250 milligrams, and Ery tab, 250 milligrams, is one	4	Q. And I'm going to ask you a more narrow
5	of the Abbott NDCs included in your complaint, right?	5	question now, which is, based on the fact that you
6	MR. BREEN: Objection, form.	6	didn't disclose your allegations about Erythromycin
7	THE WITNESS: Yes. I don't know if	7	to the government until the year 2000, can I
8	these if these if there are other Ery	8	correctly assume that Ven-A-Care was in no way a
9	tabs, if these represent other manufacturers or	9	source of this pricing information about Erythromycin
10	whether they represent Abbott, it doesn't say	10	in this document marked as Exhibit 16?
11	that.	11	A. We did not supply the pricing information
12	Q. (By Mr. Berlin) And	12	on this in this document.
13	A. And that's true for, as far as I can tell,	13	MR. BERLIN: Okay. I'm going to mark
14	all the drugs in this chart. I don't see I don't	14	another document now. It's actually it's an
15	see anything from that expressly says its Abbott's	15	excerpt of the OIG working file of the audit
16	drug, but go ahead.	16	that led to the OIG's 1997 report, and we'll
17	Q. And for that drug, the Ery tab, 250	17	mark it as Exhibit 17.
18	milligrams, it has an AWP of 23.75, right?	18	(Exhibit Lockwood Ery 017 was
19	A. Yes, sir, I see that.	19	marked for identification.)
20	Q. Contract price of \$3.51?	20	Q. (By Mr. Berlin) First of all,
21	A. Yes, sir, I see that.	21	Dr. Lockwood, when did Ven-A-Care become aware that
22	Q. And I know you don't have a calculator,	22	OIG was conducting the audit that eventually led to
	361		363
1	but I did it and it comes out to 677 percent. At	1	its reports in 1996 and 1997?
2	least looking at those numbers, does that look	2	A. I would expect that kind of information,
3	approximately correct?	3	to the extent we have it, would have been discussed
4	A. Assuming your math is correct, I would	4	in Mr. Jones' deposition in that that time period.
5	accept that, that that's true.	5	He and Mr. Bentley were the people who worked with
6	Q. And that's actually as large or larger	6	the government from 1990 certainly up until the time
7	than the spreads alleged in your complaint, right?	7	I became more involved with Ven-A-Care. So I would
8	A. I would I would say that's true,	8	rely on his statements on that.
9	although our I mean, our complaint is specifically	9	MR. BERLIN: Jim and I apologize.
10	for Abbott's drugs.	10	Obviously there are a lot of depositions for me
11	Q. And did you provide information to the	11	to make it through, but I didn't see an answer
12	you being Ven-A-Care provide any information to the	12	to that precise question. Are you able to
13	government that led to the disclosure of this	13	I'm not representing to you it's not there. I
14	information in this document that we've marked as	14	just don't recall seeing it. Are you able to
15	Exhibit 16?	15	refer me to that.
16	A. Well, I believe we started disclosing	16	MR. BREEN: I can't sitting here right
17	information to the government in 1990, and I would	17	now. I will do the following, though: I'll
18	say that that was discussed in Mr. Jones' deposition,	18	look into it, talk to Mr. Jones about it. I do
19	I assume. And I don't know if the information we	19	not think that we're going to have Ven-A-Care
20	disclosed to the government in 1990 found its way to	20	giving the OIG information on the oral
21	this report or not.	21	Erythromycins prior to this report. Okay. I
22	Q. Well, let me ask	22	think that's what you're trying to

Lockwood, M.D., John M. - 30(b)(6) - Vol. II

HIGHLY CONFIDENTIAL

April 24, 2009

## 36 (Pages 396 to 399)

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	396		398
1	of tape number five. The time is 2:26 p.m. and	1	question?
2	we're back on the record.	2	MR. BREEN: As a 30(b)(1) witness?
3	MR. BREEN: I'd ask that the question	3	MR. BERLIN: He can answer it and you can
4	pending be read back so it's very clear what	4	object as to how you see it whenever you want.
5	question the witness is answering.	5	Q. (By Mr. Berlin) Please answer the
6	MR. BERLIN: Actually I withdraw the	6	question.
7	question.	7	A. Well, I would say that in the time period
8	MR. BREEN: After you had him read the	8	you're discussing that Mr. Jones is much more
9	report?	9	familiar with Ven-A-Care's activities because I
10	MR. BERLIN: I'm going to ask him in a	10	really had just begun working at Ven-A-Care in the
11	minute. I'm withdrawing that particular	11	'95 to '96 time frame and I had limited
12	Q. (By Mr. Berlin) Have you had a chance to	12	responsibilities and part-time responsibilities
13	read the report?	13	whereas Mr. Jones was full-time and had been involved
14	A. I've read the report, yes, sir.	14	from the beginning.
15	Q. And when did Ven-A-Care become aware of	15	So his knowledge, much like probably all
16	this report?	16	of these older documents, is better than mine in that
17	A. Well, we certainly focused on this report	17	area. I I know that we discussed some oral
18	when you sent it to us. We did not rely on this	18	medications in on a personal level in oh, I
19	report report in filing our lawsuit. We don't	19	think by 1997 we had for sure. But I think Mr. Jones
20	have a direct recollection of specifically reading	20	is the guy who can give you the answer to this
21	this report although someone may have and we're	21	question far better than I can.
22	ready to answer questions.	22	Q. I'll be very clear that I'm now asking you
	397		399
1	Q. As of 1996 was Ven-A-Care's investigation	1	as an individual, do you personally have any
2	into the into these AWP and pricing issues limited	2	knowledge of Ven-A-Care bringing to any government
3	to injectables and IV drugs?	3	entity's attention any allegation with respect to a
4	MR. BREEN: Objection to form.	4	pharmaceutical other than injectables or IVs at any
5	THE WITNESS: I would say that we were	5	time prior to the end of 1996?
6	focused on mainly injectables and IV drugs at	6	MR. BREEN: Objection, form. And Eric,
7	that point in time. I wouldn't say that it was	7	there's one thing about the question if you
8	entirely limited to that, no.	8	would modify it, I think we could get a very
9	Q. (By Mr. Berlin) As of that time, had	9	much clearer answer.
10	Ven-A-Care brought to the government's attention any	10	THE WITNESS: We had discussed some oral
11	specific allegation as to any pharmaceutical other	11	medications with the government, had discussed
12	than injectables or IV drugs?	12	some issues about them, and I recall doing that
13	MR. BREEN: I'm going to again object,	13	in I think I personally recall doing it in
14	outside the designations for this 30(b)(6)	14	'97. Whether we had done it earlier than that,
15 16	deposition. Mr. Jones covered that in detail.	15	I don't I think that's Mr. Jones' deal. I
16 17	If you want to ask him as a 30(b)(1) based upon	16	and I think we felt that had been covered in his
17 1Ω	his recollection, that's fine, but he's covered	17	deposition. I certainly didn't prepare myself
18 19	this in detail. I don't want to go over the	18 19	to work on that in particular, at least Q. (By Mr. Berlin) Did you attend the
20	topics because that will be coaching the witness, but your question is covered by the	20	Q. (By Mr. Berlin) Did you attend the  I've referred earlier to the presentation to Texas in
20 21	other depositions.	21	1997?
22	Q. (By Mr. Berlin) Can you answer that	22	A. Yes, sir, I did.
		- 4	11. 1 C5, 511, 1 UIU.

#### 39 (Pages 408 to 411)

408 410 1 conversations are far better known to Mr. Jones than 1 issued after your conversations with Mr. Vito in 2 they are to me and it was our intent to stimulate the 2 providing pricing information to the government? 3 government in the pharmaceutical pricing area. 3 A. I'm not aware of that specifically. Our 4 Q. And --4 conversations with Mr. Vito were usually him calling 5 A. I mean, I think that's been 5 and wanting information or us calling him and giving 6 6 him information as opposed to discussing the latest well-documented by letters from Ven-A-Care over 7 the -- I mean, it's been talked about a lot. 7 OIG report. 8 8 Q. And then Ven-A-Care -- I mean, what you're Q. And your purpose of providing that was to 9 9 saying is this was a big issue to Ven-A-Care, right? stimulate government activity and hopefully even a 10 10 MR. BREEN: Objection to form. report like this, right? 11 11 Q. (By Mr. Berlin) I mean pursuing -- let me A. It was fine with us if they did that, yes. 12 12 withdraw the question pursuant to counsel's Yes. As I said, I don't -- we -- we may have read 13 13 objection. Ven-A-Care stopped seeing patients in this report. Someone at Ven-A-Care may have read 14 1998, right? 14 this report. We don't have a -- we don't believe we 15 15 MR. BREEN: Objection to form. have a copy of this report in our file that we can 16 THE WITNESS: That's the last patient that 16 say that we -- oh, yeah, we all read this; we can't 17 17 say that, or that we relied on it in some way or that I think we recall seeing, yes. 18 Q. (By Mr. Berlin) And between that time now 18 it changed or affected our complaint in some way. 19 19 11 years later, pursuing AWP and pricing alleged We knew the government was generating 20 20 fraud has been Ven-A-Care's main business, right? reports and seeing some increased interest, but we 21 21 A. It's certainly been our major activity, were also busy working on other things all the time, 22 and I don't know if it's proper to call it a 22 so --409 411 1 What other things are you referring to? 1 business, but it's certainly our major activity. 2 Q. It's something that you work, would you 2 Well, pursuing the litigation that we were 3 3 say, full-time on, almost full-time? involved in at that time. 4 A. I worked full-time on it, I would say. I 4 Q. And Dr. Lockwood, you understand that one 5 spend a lot of time working on it, yes, sir. of the topics that you're here to testify about was 6 Q. And at any point prior to 2000 -- use that 6 when and how Ven-A-Care became aware of each of the 7 date -- did Ven-A-Care know that the OIG had issued a 7 documents that we provided to you, right? 8 report that found that for generic drugs, that 8 A. I think that's what I'm -- I'm trying to 9 pharmacies pay an average of 42.5 percent less than 9 tell you. 10 10 AWP for drugs sold to Medicaid beneficiaries? Q. I understand. I just want to make sure 11 MR. BREEN: Objection to form. 11 that we're on the same page. 12 Q. (By Mr. Berlin) I'm not asking whether 12 A. I don't have a specific recollection. 13 you read it but whether Ven-A-Care knew that this 13 That doesn't mean that someone at some point didn't 14 report had been issued? 14 see this document perhaps listed on an OIG website. 15 15 A. We don't have a specific recollection of I don't -- I don't know. We don't -- the question is 16 16 that at this time. We don't have a specific did someone have a specific recollection of this or 17 17 recollection of this exact report or the details of does Ven-A-Care have a specific recollection of this 18 18 it at this time. We didn't rely on the report in specific document and whole host of circumstances 19 filing our lawsuit. That's, I think, what I can say 19 around it that would give us some special knowledge 20 20 for this document. I don't think we have that. about it. 21 21 Q. And let me --Q. And prior to 2000, did anyone from the 22 22 government alert you that an OIG report had been A. I'm sorry. Some of the Albuterol reports